

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2277
Registrar's No. 33

FILED FEB 13 1942
Registration District No. 2001

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 60 years years, months or days)

3. (a) PRINT
FULL NAME

Clara Belle Rayl

3. (b) If veteran,

name war None

3. (c) Social Security

No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive X X years
7. Birth date of deceased August 9, 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 3 If less than one day
hr. min.

9. Birthplace Republic, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business In School

12. Name John Tillman Rayl

13. Birthplace Terre Haute, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Clara (Unknown)

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Trevathan

(b) Address Nichols, Missouri

17. (a) Burial (b) Date thereof 1/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 1-14-42 (b) W. H. Handley
(Date received local registrar) (Registrar's Signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Nichols 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12,
year 1942 hour 1:15 minute A.M.

21. I hereby certify that I attended the deceased from
January 5, 1942 to January 12, 1942
that I last saw him alive on January 11
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Lungs + breasts
Due to Carcinoma of Right Breast 1 1/2 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature W. H. Handley (M. D. or other)
Address Springfield, Mo. Date signed 1-13-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3449

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.